

Testimony on Senate Bill 142: Montana Public Health Emergency Act

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Introduction

Good afternoon Chairman Weinberg and members of the committee. My name is Jane Smilie and I am the Administrator for the Public Health and Safety Division of the Department of Public Health and Human Services. Thank you for the opportunity to address this committee today on Senate Bill 142 — the Public Health Emergency Act. I'd like to express my thanks to Senator Lind for sponsoring this legislation and to all of our partners in health and emergency response that helped craft this bill. I am going to describe:

- Why this legislation is needed to protect the health and safety of Montanans
- Some of the key provisions proposed in this bill, and
- How we created this bill draft.

As Senator Lind indicated, a variety of recent events have provided the impetus and a significant amount of resources to improve the ability of state and local governments to respond to crises. In the public health arena, this effort began with examining and strengthening our ability to detect and respond to threats of bioterrorism, the possibility of pandemic influenza, as well as new and re-emerging infectious diseases, and health issues that can develop during natural disasters. We need this legislation because:

- at present clear legal authority and responsibility to prepare for and to respond to these kinds of events does not exist in Montana.
- it is critically important that public health and medical professionals provide leadership in an event that involves infectious disease or other life threatening health conditions.
- it emphasizes two characteristics that are essential to a successful response to any emergency: preparation and coordination.

Key provisions of the bill include the following:

- a definition of and process for declaration of a public health emergency;
- development of a public health emergency plan;
- powers and authorities of government during a declared public health emergency; and
- licensure recognition and immunity for out of state volunteer health care workers and public health professionals.

1) The bill defines a public health emergency and allows one to be declared by the Governor - after consultation with relevant state and local agencies. A public health emergency is defined in New Section 2 and is intended to encompass only events with significant potential for harm to a large portion of Montana's population. Such events will require greater resources than any local jurisdiction possesses and will require state coordination.

The bill allows for declaration of a public health emergency by the Governor in Section 5, after consultation with those impacted. It also allows for simultaneous declaration of a public health emergency with a non-public health emergency or disaster. This is important in the event that an emergency due to an act of nature, such as a flood, escalates into a concurrent public health emergency.

2) The bill calls for proactive planning and a coordinated response to a public health emergency.

Since 9/11, federal guidance and funding has promoted the necessity of coordination of efforts to minimize duplication of federal, state, and local planning, preparedness, and response activities. Section 3 of the bill delineates the elements of a state public health emergency plan to be completed by the DPHHS in coordination with all of the appropriate partners. The plan must be consistent with existing emergency response plans at the state and local level, and would in fact, become a volume of the larger statewide Disaster and Emergency Services plan already required under Title 10.

What this bill **does not do** is create a separate system of response by public health agencies. Throughout this bill, collaboration and coordination between and among appropriate state, local, and tribal public health and disaster and emergency services agencies are required.

3) The bill provides powers and authorities for government to take action during a public health emergency. Section 5 outlines powers of the Governor during a declared public health emergency. In general, the authorities provided in this bill are similar to those granted in the event of other emergencies. In addition, Section 8 designates DPHHS as the lead coordinating agency during a declared public health emergency, again, with an emphasis on integration with Disaster and Emergency Services, local public health agencies, and other relevant agencies.

Again, this format does not create a dual response system. State and local public health agencies have neither the personnel nor the equipment necessary to respond to a public health emergency. We will certainly be relying on our partners in DES to be the “arms” and “legs” of public health emergency response. What this bill does recognize is the particular expertise of public health agencies to advise and direct with respect to appropriate health care protocols, sanitary measures, disease transmission prevention, and other matters uniquely within the purview of public health professionals. Further, this bill recognizes that all jurisdictions must be uniformly prepared, through development of a statewide plan, to properly address the public health issues arising in an emergency situation. Therefore, it is imperative that public health agencies and DES work together in managing the response to a public health emergency.

4) The bill provides for reciprocity and immunity for volunteer health workers. This proposed legislation allows for recognition of interstate licensure for volunteer health care and public health professionals, and provides immunity for volunteer health care providers in emergency situations. To ensure public safety, the recognition of licenses involves registration and review to verify credentials and standing of the license. This addition to Title 10 helps ensure we can easily utilize specialized assistance from our neighbors. These particular provisions could be used in a disaster or emergency as already defined in Title 10, or in a public health emergency as proposed in this bill.

Several years of work and a large amount of input from stakeholders and the public went into creating this bill. The Department worked with a committee of medical, legal, public health, and emergency response personnel, as well as policymakers and others. We consulted with experts in public health law from Georgetown and Johns Hopkins Universities. We used model legislation created by the national public health organizations as a guide to assess our statutes.

We discussed the proposed legislation with the following groups:

- MACO at district and statewide meetings
- Interim legislative committees
- Montana Public Health Association

- Montana Environmental Health Association
- Montana Board of Nursing
- Montana County Attorneys
- Montana Board of Medical Examiners at a meeting that included Montana Nurses Association, Montana Medical Association and Montana Hospital Association
- Montana Disaster and Emergency Services
- Association of Montana Public Health Officials

We held public meetings to discuss this legislation in **Miles City, Glasgow, Billings, Bozeman, Kalispell, Helena, Butte, Great Falls and Missoula**. The following groups passed formal resolutions in support of this legislation: Montana Association of County Officials; Montana Public Health Association; Montana Board of Nursing; Montana Board of Medical Examiners.

Closing

In closing, the changes proposed in SB142 will help ensure the public health system is prepared to respond to a public health emergency, exceeding local response capabilities or likely to significantly impact another jurisdiction. Further, SB142 ensures our response is coordinated with other local and state agencies, their plans and procedures. Recent events have shown that the only adequate response to a grave emergency is through intensive planning and coordination of the persons and entities with expertise to offer. The threat of a public health emergency is real and the essential elements of an adequate response are addressed in this bill. I'd be happy to answer any questions or address any concerns of the committee. Thank you.